

NORTH STRABANE TOWNSHIP
1929 ROUTE 519 SOUTH
CANONSBURG, PA 15317
(724) 745-8880

APPLICATION FOR SIGN PERMIT

APPLICANT'S NAME _____

ADDRESS _____

PHONE NO. _____

LANDOWNER'S NAME _____

ADDRESS _____

PHONE NO. _____

CONTRACTOR'S NAME _____

ADDRESS _____

PHONE NO. _____

LOCATION OF SIGN ZONED DISTRICT _____

CLASSIFICATION OF SIGN _____

TYPE OF SIGN _____

SIZE _____ LINEAL FEET OF FRONTAGE _____

ILLUMINATED? YES _____ NO _____

ALL REQUESTS FOR ERECTION, ALTERATION, OR ENLARGEMENT OF ANY SIGN MUST BE ACCOMPANIED BY A PLAN DRAWN TO SCALE SHOWING THE EXACT SIZE, SHAPE, HEIGHT, AND DIMENSIONS OF SUCH SIGN AND ITS PROPOSED LOCATION OR PLACEMENT UPON ANY STRUCTURE OR PROPERTY.

APPLICANT'S SIGNATURE

DATE

NOTE! PROFESSIONAL SERVICES FOR REVIEW OF APPLICATION ARE CHARGED SEPARATELY AT ACTUAL COST, e.g. TOWNSHIP ENGINEER, TOWNSHIP SOLICITOR, FIRE CONSULTANT, ETC., IN ACCORDANCE WITH THE TOWNSHIP SIGN REGULATIONS ORDINANCE.